"Shaping a more livable High Point"

PLANNING AND DEVELOPMENT DEPARTMENT DEVELOPMENT SERVICES DIVISION CITY OF HIGH POINT NORTH CAROLINA

Staff Use Only Filing Date:		
Case No.:		
Payment:		
Approval Date:		

BOARD OF ADJUSTMENT ADMINISTRATIVE APPEAL APPLICATION

Applicant:	
<u> Аррисані</u> .	Name
	Street Address, City, State, Zip Code
	Phone Number
Owner:	
	Name
	Street Address, City State, Zip Code
	Phone Number
Representative:	
	Name
	Street Address, City, State, Zip Code
	Phone Number
B. Location of Subject Pro	operty (for which the request is made)
Address:	
Tax Map: Description:	Block: Lot:
•	iso Information
C. Zoning and Proporty Us	Se illioithation
C. Zoning and Property Us Zoning District:	
Zoning District: Existing Use:	
Zoning District:	
Zoning District: Existing Use:	
Zoning District: Existing Use: Proposed Use:	T BOARD OF ADJUSTMENT:

Revised 9/1/05

APPLICANT'S STATEMENT: In the space provided below or on an attached sheet, present your interpretation of the Ordinance provisions in question and state what factual reasons you have for believing that your interpretation is the correct one.				

E. Duration

Construction or operation shall be commenced within one (1) year of the appeal, or it shall become void. All approvals are subject to the applicant obtaining the appropriate permits prior to construction.

F. Transcript Notice

As a practice, the city does not provide verbatim transcript of the Board of Adjustment hearing proceedings. If a transcript is requested, the production of said transcript shall be at the expense of the applicant, owner, or representative and not of the City of High Point. Signature below in this application acknowledges notification of this practice.

Revised 9/1/05 2

CERTIFICATION

tify that all of the information presented in this applic	cation is accurate to the best of my knowledge, information and b
Applicant's Signature	
Owner's Signature	
Owner's Signature	<u>Date</u>
Representative's Signature	

Revised 9/1/05 3